

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION
(for uses defined under G.100, G.200, and G.500)
[G.190, G.290, and G.590]

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Name of Proposed Authorized User _____

State or Territory Where Licensed _____

Requested Authorization(s) *(Check all that apply)*

- G.100 Uptake, dilution, and excretion studies
- G.200 Imaging and localization studies
- G.500 Sealed sources for diagnosis (specify device _____)

Part I – TRAINING AND EXPERIENCE
(Select one of the three methods below)

* Training and Experience, including board certification, must have been obtained within the 7 years preceding the date of this application or the individual must have obtained related continuing education and experience since the required training and experience was completed. Provide dates, duration, and description of continuing education and experience related to the uses checked above.

- 1. Board Certification**
 - a. Provide a copy of the board certification
 - b. If using only G.500 materials, stop here. If using G.100 and G.200 materials, skip to and complete Part II Preceptor Attestation.
- 2. Current G.390 Authorized User Seeking additional G.290 Authorization**
 - a. Authorized user on Materials License _____ meeting G.390 or equivalent NRC or Agreement State requirements seeking authorization for G.290
 - b. Supervised Work Experience

(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section).

Description of Experience	Location of Experience/License or Permit Number of Facility	Clock Hours	Dates of Experience*
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs.			
Total Hours of Experience:			
Supervision individual	License/Permit Number listing supervising individual as an authorized user (include a copy)		
Supervisor meets the requirements below, or equivalent NRC or Agreement State requirements: <i>(check all that apply)</i>			
<input type="checkbox"/> G.290 <input type="checkbox"/> G.390 + generator experience in G.290.C.(1) b.(vii)			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User

a. Classroom and Laboratory training

Description of Training	Location of Training	Clock Hours	Dates of Training*
Radiation physics and instrumentation			
Radiation Protection			
Mathematics pertaining to the use and measurement of radioactivity			
Chemistry of radioactive material for medical use <i>(not required for G.590)</i>			
Radiation biology			
Total Hours of Training:			

b. Supervised Work Experience (completion of this table is not required for G.590).
(If more than one supervising individual is necessary to document supervised work experience, provide multiple copies of this section).

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Hours of Experience			

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

3. Training and Experience for Proposed Authorized User (continued)

b. Supervised work experience (continued)

Description of Experience Must Include:	Location of Experience/License or Permit Number of Facility	Confirm	Dates of Experience*
Calculating, measuring, and safely preparing patient or human research subject dosages		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using administrative controls to prevent a medical event involving the use of unsealed radioactive material		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Using procedures to contain spilled radioactive material safely and using proper decontamination procedures		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Administering dosages of radioactive drugs to patients or human research subjects		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eluting generator systems appropriate for the preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervising individual	License/Permit Number listing supervising individual as an authorized user		

Supervisor meets the requirements below, or equivalent NRC or Agreement State requirements (check one):

- G.190 G.290 G.590 G.590 + generator experience in G.290(c)1)(ii)(G)

c. For G.590 only, provide documentation of training on use of the device.

Device	Type of Training	Location and Dates

d. For G.500 uses only, stop here. For G.100 and G.200 uses, skip to and complete Part II Preceptor Attestation

AUTHORIZED USER TRAINING AND EXPERIENCE AND PRECEPTOR ATTESTATION (continued)

PART II – PRECEPTOR ATTESTATION

Note: *This part must be completed by the individual's preceptor. The preceptor does not have to be the supervising individual as long as the preceptor provides, directs or verifies the training and experience required. If more than one preceptor is necessary to document experience, obtain a separate preceptor statement from each. This part is not required to meet the training requirements in SMRRRP, Part G.590.*

By checking the boxes below, the preceptor is attesting that the individual has knowledge to fulfill the duties of the position sought and not attesting to the individual's "general clinical competency."

First Section

Check one of the following for each use requested:

For G.190

Board Certification

I attest that _____ has satisfactorily completed the requirements in G.190(a)(1) and has achieved
Name of Proposed Authorized User
 a level of competency sufficient to function independently as an authorized user for the medical uses authorized under G.100.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 60 hours of training and experience, including
Name of Proposed Authorized User
 A minimum of 8 hours of classroom and laboratory training, required by G.190(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under G.100.

For G.290

Board Certification

I attest that _____ has satisfactorily completed the requirements in G.290(a)(1) and has achieved
Name of Proposed Authorized User
 a level of competency sufficient to function independently as an authorized user for the medical uses authorized under G.100 and G.200.

OR

Training and Experience

I attest that _____ has satisfactorily completed the 700 hours of training and experience, including
Name of Proposed Authorized User
 A minimum of 80 hours of classroom and laboratory training, required by G.290(c)(1), and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under G.100 and G.200.

Second Section

Complete the following for preceptor attestation and signature:

I meet the following requirements below, or equivalent NRC or Agreement State requirements, as an authorized user for:
 G.190 G.290 G.390 G.390 + generator experience

Name of Preceptor (<i>print clearly</i>)	Signature	Telephone Number	Date
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License/permit Number/Facility Name